

Exhibit A-2

HENLEY-YOUNG JUVENILE JUSTICE CENTER

Supervisor Incident Report Checklist

CHECKLIST

EACH INCIDENT REPORT WRITTEN WILL REQUIRE SUPERVISORS TO COMPLETE THE CHECKLIST. IF STAFF ANSWER NO TO ANY QUESTION, THE SUPERVISOR SHALL PERFORM A CORRECTIVE ACTION FOR STAFF TO CORRECT ANY ISSUE(S) WITH THE SUBMITTED REPORT BEFORE SUBMITTING TO ADMINISTRATION.

Resident Name: [REDACTED]

Date of Incident: 11/21/21

1. Did staff accurately state the who, what, when, and where in narrative? Yes No
2. Was verbal de-escalation used to de-escalate the situation? Yes No N/A
3. Is verbal de-escalation documented in the report? Yes No N/A
4. Was the nurse notified? Yes No N/A (If yes, attach medical report)
5. Checked for spelling, grammar and adequate details? Yes No
6. All sections filled out completely? Yes No (If no, please send report back for corrections)
7. Was force used? Yes No If yes, state techniques used

8. Did staff thoroughly document all use of force techniques used? Yes No N/A
9. Was Mental Health notified time of incident? Yes No
10. Youth Support Specialists notified time of incident? Yes No
11. Did staff properly document the use of mechanical restraints? Yes No N/A
12. All staff involved submitted a report? Yes No

COMMENTS

Supervisor Signature:

Eric DorseyDate: 11/21/21

HENLEY-YOUNG JUVENILE JUSTICE CENTER

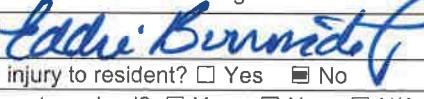
UNUSUAL INCIDENT REPORT

INFORMATION ABOUT THE INCIDENT AND PERSON INVOLVED

(1) Resident Name: [REDACTED]	(2) Resident Name: [REDACTED]
(3) Resident Name: [REDACTED]	Date of Occurrence: 11-21-21
Time of Occurrence: 5:02 P.M.	Time of Report: 5:14 p.m.
Person Reporting: Eddie Burnside(Operations Manager)	Location of Incident: Non-Contact
Type of Incident/Infraction Code: Attempted Suicide	

NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Was any verbal reasoning used to de-escalate the situation initially and/or during the incident? Be as specific as possible)

On 11-21-21 at 4:30 p.m., I received a phone call from second shift Senior Youth Care Professional Angela Brown stating she was not feeling well and needed to leave the facility. After receiving this call, I immediately came to the facility to relieve Mrs Brown by supervising the remaining three staff members and the Central Control Tower. When I arrived at the facility, I was informed by YCP Sims that I needed to place [REDACTED] in the non-contact visitation room because his suicide status required a one to one supervision and he refusing to wear the required suicide smock. I advised YCP Sims to escort [REDACTED] to the non-contact visitation room for observation. When [REDACTED] reached the non-contact visitation room, I asked him several times to remove his facility issued uniform and put on the required suicide smock. [REDACTED] continued to refuse my commands. At this time I asked [REDACTED] to have a seat on his mat and I sat in the doorway of the non-contact visitation room to continue the one to one supervision. While sitting in the doorway, I made several phone calls to staff members requesting assistance to cover the remaining hours of the second shift. Senior Youth Care Professional Quannah Blue agreed to come in and work the Central Control Tower while I continue the one to one supervision with [REDACTED]. As I waited for Mrs. Blue to arrive, I sat in the doorway of the Central Control Tower where I could still see [REDACTED]. While watching [REDACTED] through the glass window, I noticed him taking off his shirt and trying to placing it around his neck and attempting to tie it. At this time I immediately ran to the non contact visitation door and removed the shirt from [REDACTED] neck with little to no effort. After I removed the shirt from [REDACTED] I notified Mrs. Drake(QMHP) to informed her of the attempt and my intention to get [REDACTED] to put on a suicide smock. After several verbal attempts to get [REDACTED] to put on a suicide smock, he finally agreed and without any resistance [REDACTED] put on a suicide smock. I continued to supervise [REDACTED] until the bedtime period and at that point YCP Kyles assume the responsibility of the one to one supervision on the Ossie Davis housing unit. No medical attention was needed due to me removing the shirt from around his neck before he was able to tighten it.

Staff Signature: 	Date: 11-21-21
Incident result in injury to resident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Incident result in Injury to staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, was treatment received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Restraints used on resident #1, #2, or #3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	For how long?
If so, what kind of restraints? Choose an item	

STAFF INVOLVED

List below the title, and names of all the officers/staff involved.

Title	Staff Name	Reason for Involvement
QMHP	Brenda Drake	Notification

EVENTS LEADING TO THE INCIDENT (place an (X) by the appropriate event)

- Searches
- Assault on staff
- Assault on a resident
- Non-compliance
- Court appearance
- Moving to another room
- Other:

THE CIRCUMSTANCE WHY FORCE WAS USED (place an (X) by the appropriate event)

- Preventing injury to self
- Preventing injury to staff
- Preventing injury to other resident
- Preventing damage to property
- Preventing an escape
- Other:

EMERGENCY BEHAVIOR MANAGEMENT CONFINEMENT

Emergency behavior management confinement shall only be a cooling off period for residents where placement of the resident in a room either locked or unlocked for the purpose of controlling out of control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavioral rules and expectations.

Was the resident placed in EBM? Yes No

Date IN	Time IN	Date OUT	Time OUT

Shift Supervisor Approved EBM? Yes No

Signature _____

Witness Statement

Name: [REDACTED]

Youth: Staff:

Date: 11/21/2021 Time: 5:14 p.m.

NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Be as specific as possible)

On Sunday, November 21, 2021 at approximately 5:14 p.m. after I, QMHP Brenda Drake had left Henley Young from completing a suicide re-assessment on [REDACTED] I received a telephone call from Operations Manager Mr. Eddie Burnside stating that [REDACTED] had tied a shirt around his neck. Mr. Burnside stated that he was able to get the shirt from around [REDACTED] neck. I asked Mr. Burnside if [REDACTED] was alright and he stated "yes". Mr. Burnside asked me if [REDACTED] is supposed to be in a suicide smock and I stated "Yes". Mr. Burnside stated that he will have [REDACTED] put the suicide smock on. I informed Mr. Burnside that I will speak with [REDACTED] tomorrow.

Signature: Brenda Drake, LPC-S, BC-Trait, NCCDate: 11/21/21 5:14 p.m.

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SHIFT REPORT

Before the end of each shift, shift supervisors shall complete the shift report documenting the shifts daily activities. This is mandatory for all shift supervisors. A completed shift report shall be forwarded to the facility's Executive Director as well as the Operations Manager.

DAILY SHIFT REPORT

Shift: Bravo Shift (3 p.m. -11 p.m.) Date: 11-21-21

Supervisor on Duty: _____ / _____ / _____

OPEN COUNT		<u>31</u>	CLOSING COUNT		<u>31</u>
MALES/JCAA MALES	FEMALES		MALES/JCAA MALES	FEMALES	
<u>6 / 18</u>	<u>5 HY / 2 JCA</u>		<u>6 / 18</u>	<u>5 HY / 2 JCA</u>	

POST ASSIGNMENT

Central Control:

Burnside / Blue
Sims

Intake: _____ / _____ / _____

Walter Payton:

Kyles
James

Ossie Davis:

J.F.K:

Harriet Tubman:

OFF DUTY OFFICERS

EA: R. Mallard Young
R. Matt Ellis
PL: _____
SL: _____

Call in/No Shows:

7:11

Comments: 1700 Blue entered for duty ; 1900 A.Brown (H7) entered.

MEDICAL

Juveniles refused for medical reason(s) prior to admission because of alleged injury, or sickness:

_____ / _____ / _____
_____ / _____ / _____

Juveniles returned to the facility by arresting transporting agency after receiving medical treatment:

_____ / _____ / _____
_____ / _____ / _____

Number of residents escorted to medical for assessment, treatment, injuries and/or sickness: _____

Number of residents transported to outside facilities for medical/mental health reasons: _____

EDUCATION

Number of resident attending school: _____

Number of resident not attending school: 11A

Reason each child did not attend school: _____

RESIDENT SUPERVISION

State all residents placed on suicide watch including date/time.

[REDACTED] 2. _____ 3. _____ 4. _____

Date/Time: 11/18/21/0952 Date/Time: _____ Date/Time: _____ Date/Time: _____

How many incidents occurred: 1 Reports written on all incidents? _____ if no, state reason why a report was not written. _____

INTAKE

BOOKED	PARENT(S) CONTACTED	RELEASED
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.
6.		6.
7.		7.
8.		8.
9.		9.
10.		10.
11.		11.
12.		12.

SUPERVISOR STAFF MEETING

Topic of discussion: _____



Supervisor's Signature:

11-21-21

Date: